Name in Full — Certificate of Death

Ruby A Barnes —

Town: Cambridge — County: Dorchester — MARYLAND

Died at

Date 1899 — Month: April — Day: 19 — Age: Y. 8 — M. — D. — Native of: Cambridge Md — Occupation: ——

~~Male~~ / ~~White~~ / ~~Married~~ / ~~Widow~~ / ~~Divorced~~

Female / Colored / Single / ~~Widower~~ / ~~Number of children living~~

Husband of Wife

Father's Name: Lem Barnes — Mother's Name: Annie Barnes

Cause of Death — Primary: Pertussis — How long sick: one week

Immediate: Pneumonia

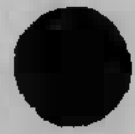
~~Accident, Suicide, Homicide~~

Reported by: J W Goldsborough M D.

Address: Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968



Name in Full

Certificate of Death

Mrs Sarah Brown

Died at Town Williamsburg County Dorchester MARYLAND

Date 189 9. Month April Day 6 | Age Y. 49 M. 11 D. 7 | Native of Md. | Occupation Housewife

~~Male~~ ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

~~Husband~~ Wife of Capt. D. Brown.

Father's Name

Mother's Name

Cause of Death: Primary Abscess of Liver

Immediate Exhaustion.

How long sick

Accident, Suicide, Homicide

Reported by Geo F Galloway

Address Federalsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55988

Name in Full

Certificate of Death

Eli Cephas

Died at Town Castle Haven Neck County Dorchester MARYLAND

Date 1899 Month Apr Day 6 Age Y. 68 M. — D. — Native of U.S. Occupation Farmer

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 3

Husband ~~Wife~~ of Elizabeth Cephas

Father's Name

Mother's Name

Cause of Death { Primary / 57 How long sick

Immediate Organic heart disease ~~Accident, Suicide, Homicide~~

Reported by S A Stokes

Address Cornersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs. Leah S. Collins

Certificate of Death

Died at Town Cambridge County Dorchester MARYLAND

Date 189 9 Month 4 Day 8 Age Y. 79 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Wm. Collins

Father's Name — Griffin Mother's Name

Cause of Death: Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Easton Democrat 4-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full Mr. Burton Corkran

Certificate of Death

Died at Town County Dorchester MARYLAND

Date 189 9 Month 4 Day 6 | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death: Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Courier 4-8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

J. P. Frampton & Son, Funeral Directors

Name In Full

Caroline M. Coy.

Certificate of Death

Died at Town: Cambridge County: Dorchester MARYLAND

Date 189 Month: April Day: 11 | Age Y. 62 M. D. | Native of Virginia | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living

Husband of Wife John H Coy.

Father's Name ——— Mother's Name ———

Cause of Death: Primary Carcinoma of Liver — How long sick 6 months

Immediate Hemorrhage — ~~Accident, Suicide, Homicide~~

Reported by F B M Golabrough MD

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79613

Name In Full

Certificate of Death

William Perkins Davidson

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1899 Month: April Day: 5th

Age Y. 1 M. 2 D. 5

Native of: Maryland

Occupation: - - - - -

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: William H. Davidson

Mother's Name: Hattie A. Perkins

Cause of Death — Primary: Pneumonia 72 — How long sick: 3 weeks

Immediate: Asthenia — Accident, Suicide, Homicide

Reported by: S. Shaw de Krafft

Address: Cambridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70898

Name In Full

Certificate of Death

Mrs. Thos. Dodson

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1899 Month: 4 Day: 17 | Age Y.: 78 M.: D.: | Native of | Occupation

Male / ~~Female~~ | White / Colored | ~~Married~~ / ~~Single~~ / Widow / Widower / Divorced | Number of children living 8

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Dorchester Standard 4-22

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75

Dr. E. L. Macmichol

Name in Full: Ada Alvarda Ferguson

Certificate of Death

Died at — Town: Cambridge — County: Worchester — MARYLAND

Date 1899 — Month: 4 — Day: 30 — Age: Y. 10 M. 9 D. 25 — Native of: Wor. Co — Occupation: Schoolgirl

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female — Colored — Single — ~~Widow~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Nathan Ferguson — Mother's Name: Caroline Gibson

Cause of Death — Primary: Pulmonary phthisis — How long sick: 4 months about

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: Guy Steele M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Josiah Goodman

Died at — Town: Cambridge — County: Dorchester — MARYLAND

Date 1899 — Month: 4 — Day: 28 — Age: Y. 79 M. about D. — Native of: Bravenia — Occupation: Retired

Male — White — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living 2

Husband / Wife of: Clara Hirschman

Father's Name — Mother's Name 66

Cause of Death — Primary: Fatty Degeneration — How long sick: about 2 years

Immediate: Acute heart failure — ~~Accident, Suicide, Homicide~~

Reported by: Guy Tuttle

Address: Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

# Geo A - Harris

Certificate of Death

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1899 Month: June Day: 24 | Age Y. 42 M. D. | Native of Dorchester Co | Occupation Blacksmith

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4

Husband of / Wife Josephine Parker

Father's Name Jamie Harris | Mother's Name Mely Harris

Cause of Death — Primary: Meningitis — How long sick: 3 weeks

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by D W Goldsmith MD

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76028

Name in Full

Certificate of Death

Mrs. Zipporah Hooper

Died at Town Hoopersville County Dorchester MARYLAND

Date 189 9 Month 4 Day 3 Age Y. 89 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living 2

~~Husband~~ Wife of Henry Hooper

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Dorchester Standard 4-15

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Hopkins

Certificate of Death

Died ~~at~~ near Town Cambridge County Dorchester Co. MARYLAND

Date 189 9 Month Aug Day 22 Age Y. 6 M. D. Native of Md Occupation —

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ Widower Number of children living

Husband of

Wife

Father's Name Jno. Hopkins Mother's Name Emma Mears

Cause of Death: Primary Pneumonia How long sick 10 days

Immediate 72

~~Accident~~ Suicide, Homicide

Reported by John Mace M. D

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Thomas Kelley

Certificate of Death

Died at Town Bridgeship County Worcester MARYLAND

Date 1899 Month April Day 24 | Age Y. M. D. about 60 | Native of Md | Occupation farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband of Wife Jane Kelly

~~Father's Name~~ Mother's Name

Cause of Death: Primary Grippe 9 | How long sick 10 days

Immediate | Accident, Suicide, Homicide

Reported by J E Weir A.D.

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name In Full

Certificate of Death

Bertie Mooney.

Died at Secretary (Town) Dor (County) MARYLAND

Date 189 9 Month Apr Day 13 | Age Y. 23 M. D. | Native of | Occupation Cook

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name J E Mooney | Mother's Name Margarite R Mooney

Cause of Death: Primary Consumption | How long sick two years

Immediate | Accident, Suicide, Homicide

Reported by H H Fillingsby

Address E N Market Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]5

Attended by Dr. ~~Geo. F. Stones,~~
of East New Market.
Charity Hospital
Seen by Coroner
of Cambridge
Md

Name in Full Maud Murphy

Certificate of Death

Died at Town Bestpitch County Dorchester MARYLAND

Data 1899 Month Apr Day 29 | Aga Y. M. D. 8 weeks | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Numbar of children living

Husband of Wife

Father's Name Thomas Murphy Mother's Name Mary F Murphy

Cause of Death: Primary 87 | How long sick

Immediate Congestion of Bowels | Accidant, Suicide, Homicide

Reported by Thomas Murphy

Address Bestpitch

Must be signed by physician, if any in attendance, otharwise by coroner, undartaker or ministar. A J Hatch

LIBRARY BUREAU, 79898

Attended by Dr. Goldsmith

of Cambridge

Seen by Coroner _____

of _____

Name in Full: James Sullivan Muse

Certificate of Death

Died at — Town: Cambridge — County: Dorchester — MARYLAND

Date 1899 — Month: 4 — Day: 10 — Age: Y. 43 M. 4 D. — Native of: Dor. Co — Occupation: Gen clerk.

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband of Wife

Father's Name: James A. Muse — Mother's Name: Mary A. Sullivan

Cause of Death — Primary: Pulmonary phthisis — How long sick

Immediate: Exhaustion — 22a — ~~Accident, Suicide, Homicide~~

Reported by: Guy Steele M.D.

Address: Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name In Full

# James W Snider

Certificate of Death

Town

County

Died at Dorchester Co MARYLAND

Date 189 9 Month Apr Day 28 | Age Y. 61 M. D. | Native of Md | Occupation Farmer

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced

Number of children living 2

Husband / Wife of Lottie Snider

Father's Name Don't Know Mother's Name Don't Know

Cause of Death — Primary 161 — How long sick 6 month

Immediate — Accident, Suicide, Homicide

Reported by Robert Parker

Address Vienna Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. A G Hutch

LIBRARY BUREAU, 79998

Attended by Dr. Not any

of

Seen by Coroner

of

Undertaker A J Hitch

Neme In Full

Certificate of Death

Christian Stanley

Town

County

Died at Dorchester MARYLAND

Date 189 9 Month Jan Day 8 | Age Y. 27 M. D. | Native of Md | Occupation Farmer

Male / ~~Female~~ | White / Colored | ~~Married~~ / ~~Single~~ | Widow / Widower | Divorced | Number of children living 3

Husband / Wife of Charlie Stanley

Father's Name Robert Snider | Mother's Name Christian Snider

Cause of Death — Primary 72 | How long sick -

Immediate Pneumonia | Accident, Suicide, Homicide

Reported by Richard Snider

Address Vienna Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. A J Heist

LIBRARY BUREAU, 79995

Attended by Dr. R. J. Price

of Vienna Md

Seen by Coroner

of

Name In Full Edward Wangus

Certificate of Death

Died at Town Dorchester County MARYLAND

Date 1899 Month Apr Day 18 | Age Y. 19 M. D. | Native of Dorchester | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name Purnel Cephus | Mother's Name Ann marcah Stanley

Cause of Death: Primary 26 | How long sick 3 years

Immediate Rehumatism | Accident, Suicide, Homicide

Reported by James W Stanley

Address Drawbridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. A J Keitch

LIBRARY BUREAU, 79998

Attended by Dr. No

of

Seen by Coroner No

of

Name in Full

Certificate of Death

Mr. Mack Athegtley

Died at Town: Galestown County: Dorchester MARYLAND

Date 189 9 Month: 4 Day: 6 | Age: Y. M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary: Pneumonia 72 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Courier 4-8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7981 S

Name in Full Susan Willis

Certificate of Death

Died at Town Dorchester County MARYLAND

Date 1899 Month Apr. Day 1 | Age Y. 75 M. D. | Native of Md | Occupation Farming

Male / Female | White / Colored | ~~Married~~ / Single | Widow / Widower | Divorced / Number of children living

Husband of Wife

Father's Name Geby Willey | Mother's Name Betsey Willey

Cause of Death: Primary / Immediate Old Age 141 | How long sick 6 month | Accident, Suicide, Homicide

Reported by Sollomon Willey

Address Vienna Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. A J Hutch

LIBRARY BUREAU, 79[illegible]

Attended by Dr. No

Seen by Coroner No

of

Buried At Wojtek

Vienna

Md

Name in Full Isaac Wood

Certificate of Death

Died at Town Cambridge County Dorchester Co MARYLAND

Date 1899 Month Apl Day 19 Age Y. 13 M. D. Native of Md Occupation Farm Labor

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name William Ward Mother's Name Julia Ward

Cause of Death Primary Run over by Cook How long sick few hours

Immediate Concussion Accident, ~~Suicide, Homicide~~

Reported by John Mace

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706